

## Anatomical Gift Form

I \_\_\_\_\_, hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

### Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I give** (place a check mark in the appropriate box):

Any needed organs or parts

Only the following organs or parts:

\_\_\_\_\_  
\_\_\_\_\_

I have previously signed with a medical school:  Yes  No

If yes, name of school: \_\_\_\_\_

I have the following special wishes concerning my anatomical gift:

\_\_\_\_\_  
\_\_\_\_\_

**I authorize** the physician listed below to furnish my attending physician with any pertinent medical information in the event of my death:

Physician's name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have signed my anatomical gift form on \_\_\_\_\_, as witnessed below.

Donor: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_